



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**
Financial Affairs Division - Compliance Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3998
Fax: (602) 364-3989

**SENIOR RESIDENTIAL ENTRANCE FEE CONTRACTS: PROVIDER REGISTRATION
ARIZONA REVISED STATUTES TITLE 44, CHAPTER 25, ARTICLE 1**

REGISTRATION INSTRUCTIONS:

1. Enter complete Provider Registrant Information below, including the Month and Day of its Fiscal Year End.
2. Photocopy a sufficient supply of Pages 2, 3 and 4, as needed to provide all required information for each Schedule.
3. **Attach a complete copy of the Provider's most recent Audited Financial Report.**
4. **Attach a complete photocopy of the Disclosure Statement** that is currently in use in accordance with A.R.S. § 44-6954(D)(2).
5. Remit the Registration Fee specified below in the form of a check payable to the Arizona Department of Insurance.
6. Complete and execute the Certification and Signature section below.
7. Submit all of the above together, with the check stapled to the upper-left corner of this page.

PROVIDER REGISTRANT INFORMATION:

PLEASE PRINT CLEARLY OR TYPE

Full and Exact Provider Name:			
Business Address:			
Mail Address:			
Telephone Number:	()	Facsimile (FAX) Number:	()

FISCAL YEAR END _____

Registration Fee Due (Make check payable to Arizona Department of Insurance)	\$250.00
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CERTIFICATION AND SIGNATURE:

The undersigned Preparer certifies that he/she is duly authorized to execute this registration statement and that the information provided is true and correct to the best of his/her knowledge and belief. **Preparer acknowledges on the Provider's behalf that the Provider must file any amendments to its Disclosure Statement with the Arizona Department of Insurance within 14 days after making the amendment.**

Type or Print Preparer's Name and Title

Preparer's Signature and Date Signed

MAIL THIS REGISTRATION AND RELATED CORRESPONDENCE TO:

Arizona Department of Insurance
Attention: Compliance Section Manager
Financial Affairs Division
2910 N. 44th Street, Suite 210
Phoenix, AZ 85018-7269

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SCHEDULE 1

PROVIDE THE NAME, BUSINESS ADDRESS AND BUSINESS TELEPHONE NUMBER OF EACH PERSON HOLDING AT LEAST A TEN PER CENT (10%) OWNERSHIP INTEREST IN THE PROVIDER.

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

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SCHEDULE 2

PROVIDE MAILING AND STREET ADDRESSES FOR EACH OF THE PROVIDER'S FACILITIES:

Facility Name: _____

Mailing:

City: _____ State: _____ Zip Code: _____

Street:

City: _____ State: _____ Zip Code: _____

Facility Name: _____

Mailing:

City: _____ State: _____ Zip Code: _____

Street:

City: _____ State: _____ Zip Code: _____

Facility Name: _____

Mailing:

City: _____ State: _____ Zip Code: _____

Street:

City: _____ State: _____ Zip Code: _____

Facility Name: _____

Mailing:

City: _____ State: _____ Zip Code: _____

Street:

City: _____ State: _____ Zip Code: _____

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SCHEDULE 3

PROVIDE THE NAME, BUSINESS ADDRESS AND BUSINESS TELEPHONE NUMBER OF THE CHIEF ADMINISTRATOR FOR EACH FACILITY LISTED IN SCHEDULE 2.

Facility Name: _____

Chief Administrator Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number : (_____) _____ - _____

Facility Name: _____

Chief Administrator Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Facility Name: _____

Chief Administrator Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Facility Name: _____

Chief Administrator Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Facility Name: _____

Chief Administrator Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Facility Name: _____

Chief Administrator Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____